

The Vermont Department of Health

Vermont Treatment System



Guidance • Support • Prevention • Protection

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Deputy Commissioner for Alcohol & Drug Abuse Programs

July 18, 2007



The Task Force's Charge

The Task Force was directed to:

- Review the treatment services currently in place and to identify how to integrate them into a more systematic response to addictive problems.
- Work with staff to analyze the population projected to be in need of treatment services and will create a design for the services needed in communities by level of care, and to support long-term recovery. This plan should be based on the Blueprint for Health chronic care approach.

The Elephant in Vermont's Living Room

The Impact of Substance Abuse on The State Budget

December 2001

Prepared by:

Legislative Council

State House, Montpelier, VT 05602

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VT LEG 146750.1

Key Recommendations from 8/06 Strategic Planning Meeting

- The current funding model needs to be retooled. Current approaches do not support best practices.
- Develop a system for prevention and early intervention that is available to all communities.
- Develop a workforce development plan that addresses recruitment, retention and ongoing professional development.
- Develop a strategic comprehensive training approach for substance abuse prevention through treatment areas.
- Create better alignment between addiction services and primary health care. Improve SA coordination of care across AHS areas of service.
- Develop one model of care for school-age youth that includes substance abuse as part of a comprehensive health approach.

Key Recommendations (Continued)

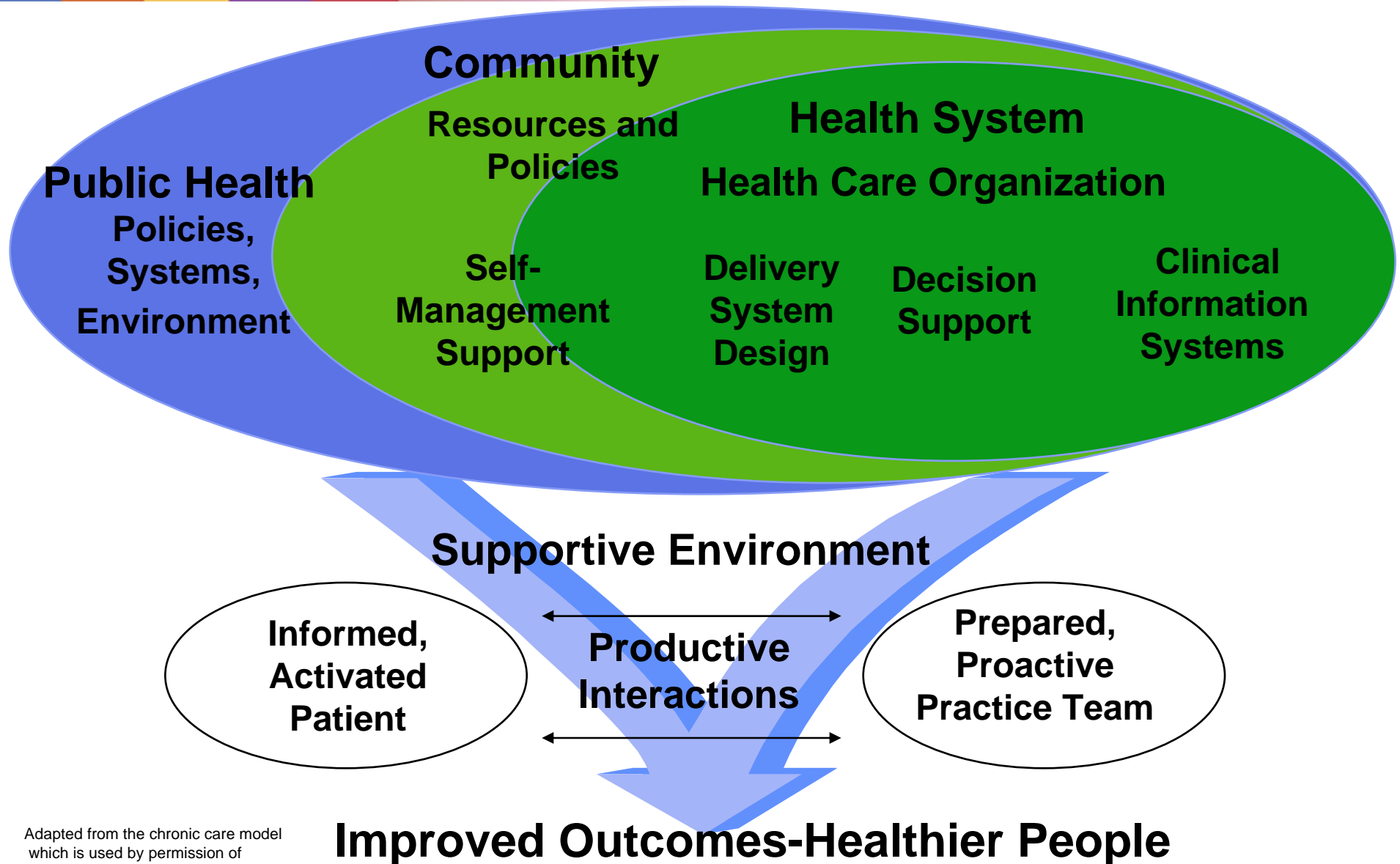
- Ensure that each area of the state has the full range of services, including case management and special population services.
- Implement use of evidence-based practices, including co-occurring treatment, as the standard.
- Enhance the system of care for adolescent treatment.
- Continue to develop transitional housing across the state.
- Expand recovery centers (one in each District) and develop standards and oversight to guide them, including better connection to treatment.
- Create a strategic plan for community education about addiction.

Blueprint Vision:

“Vermont will have a comprehensive, proactive system of care that improves the quality of life for people with or at risk for chronic conditions. The Blueprint will:

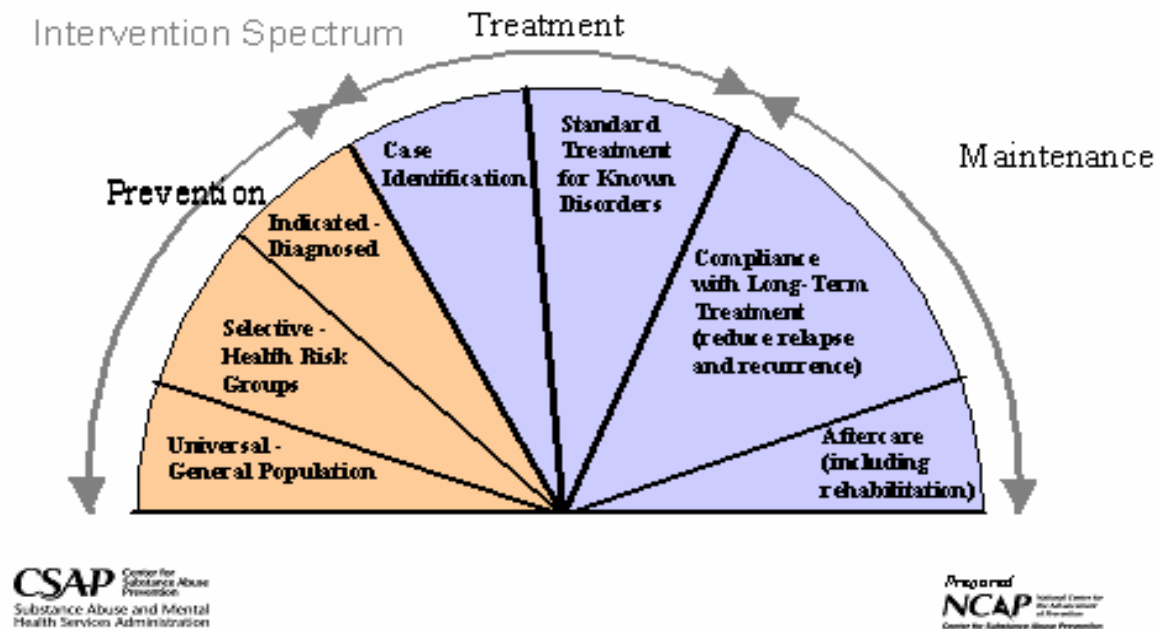
- utilize the Chronic Care Model (CCM) as the frame-work for required system changes
- utilize a public-private partnership to facilitate and assure sustainability of the new system of care
- coordinate with other statewide initiatives to assure alignment of health care reform efforts.”

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Adapted from the chronic care model
which is used by permission of
"Effective Clinical Practice."

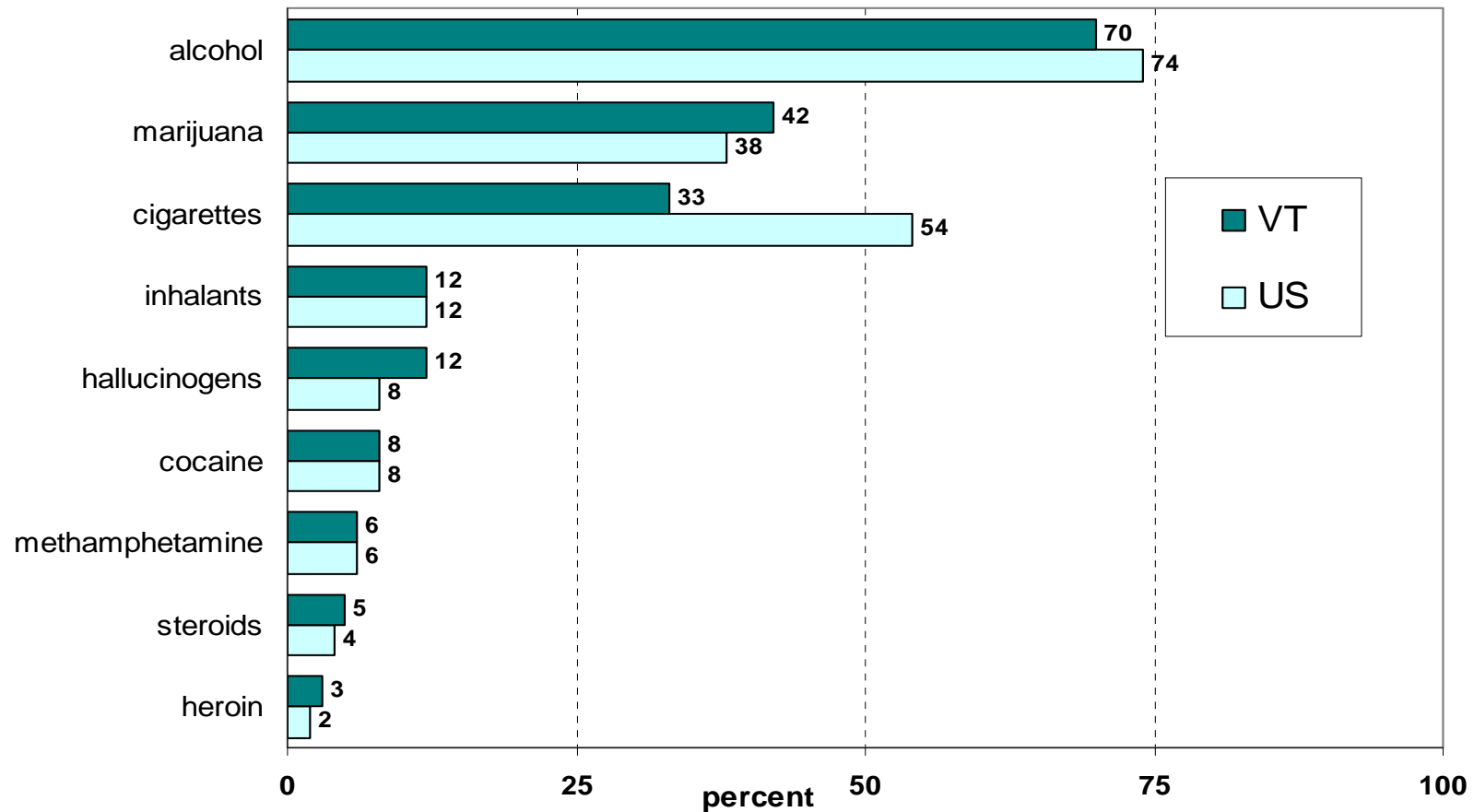
Intervention Spectrum



Consumption Data (Example)

2005 Youth Risk Behavior Survey

Ever used among 9-12th graders



Finalized Recommendations

- Reduce underage drinking
- Reduce high-risk drinking among persons under 25
- Reduce marijuana use among persons under age 25
- Build prevention capacity and infra-structure at the state and community levels, including a sustainable evaluation system for prevention grantees.

Profile of A Typical Adult Substance Abuser

Male (62%)

Alcohol as Primary Substance (54%)

Self/Family (28%) or Criminal Justice (30%) Referral

Services Paid for by Medicaid (44%) or State (30%)

Profile of A Typical Youth Substance Abuser

Male (64%)

Marijuana as Primary Substance (58%)

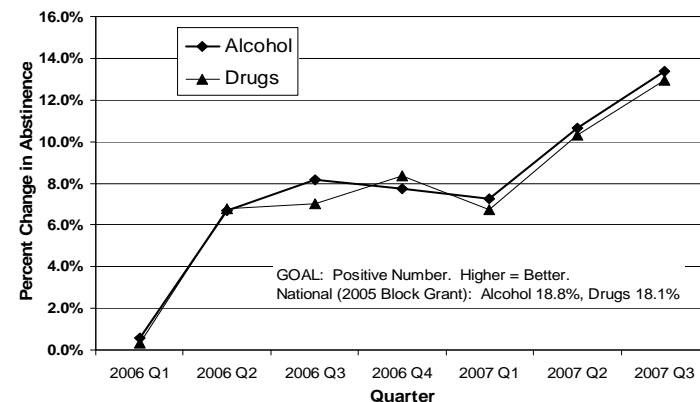
Criminal Justice (30%) or School (25%) Referral Source

Services Paid for by Medicaid (52%) or Third Party (35%)

Outcomes Measures

- Providers and ADAP have been meeting regularly to address data quality issues in preparation for reporting outcomes to SAMHSA. This has brought about a significant improvement in data quality.

Vermont Change in Abstinence Rates for Alcohol and Drugs Between Admission and Discharge



Issues Around Assessment

- Many clients receive treatment who have not been assessed.
- Not all providers are using evidence-based assessment tools.
- Providers often don't accept assessment results from other providers, even when the client has been referred as a result of the assessment.
- Clients are being admitted to treatment who do not have demonstrated substance use disorders.
- Assessment information is not consistently integrated into treatment plans.

Issues Around Residential Treatment

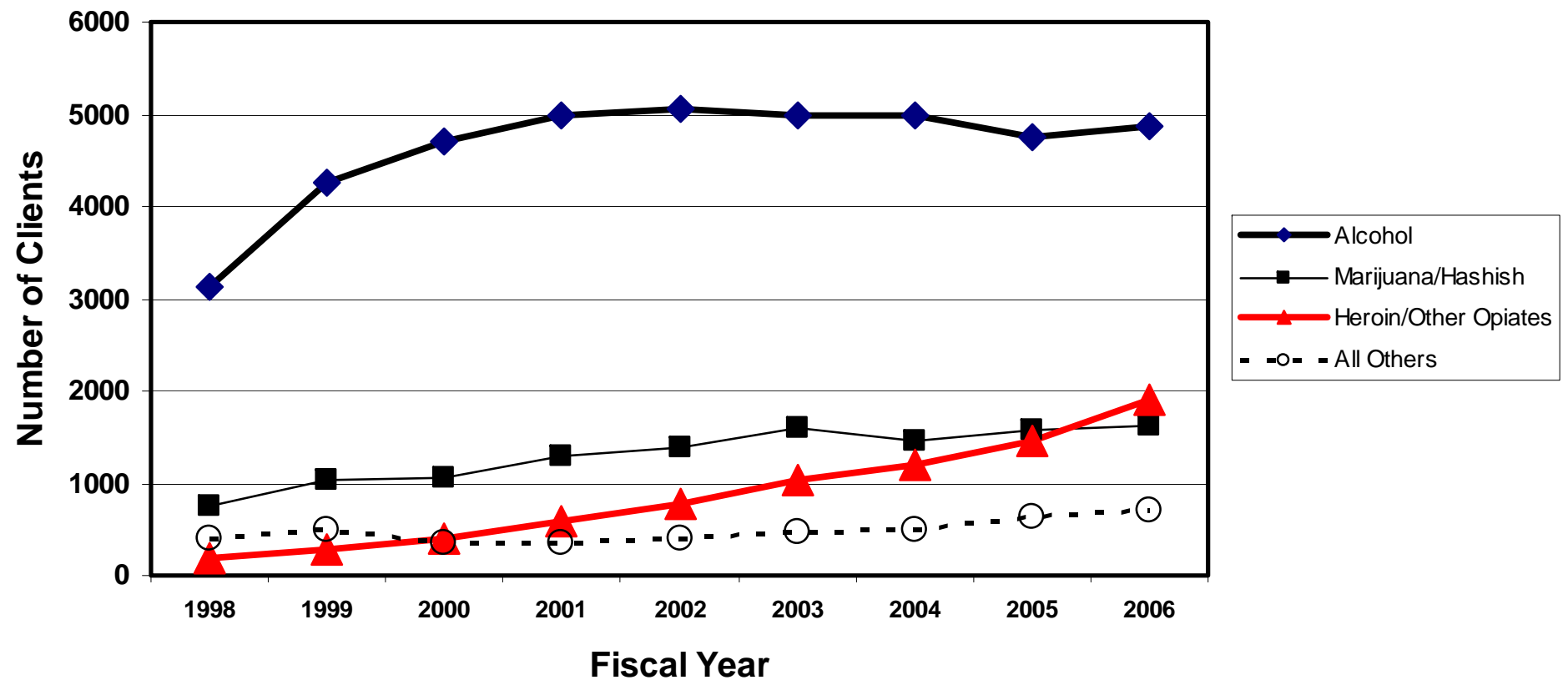
- Insufficient Prior Assessment of Clients – only 12% of clients in residential treatment were formally assessed in the six months prior to being admitted for residential treatment. Only 19% received any treatment in the six months prior to residential admission.
- Insufficient Follow Up After Residential Treatment – only 29% of clients discharged from residential treatment receive additional treatment in the six months following discharge.

Percentage of Discharges With Only One Unit of Associated Service

Discharge FY	Total Discharges with only One service	One DE Session Only	One OP Session Only	One Case Mgmt Session Only	One IOP Day Only	One Residential Day Only	One HW Day Only	One Opiate Week Only
2001	61%	45%	12%	0%	1%	2%	0%	0%
2002	75%	61%	9%	0%	2%	2%	0%	0%
2003	79%	68%	7%	0%	1%	2%	0%	0%
2004	68%	60%	4%	1%	1%	2%	0%	0%
2005	60%	50%	3%	1%	0%	5%	0%	0%
2006	56%	38%	10%	2%	0%	5%	0%	0%
Average	66%	54%	8%	1%	1%	3%	0%	0%

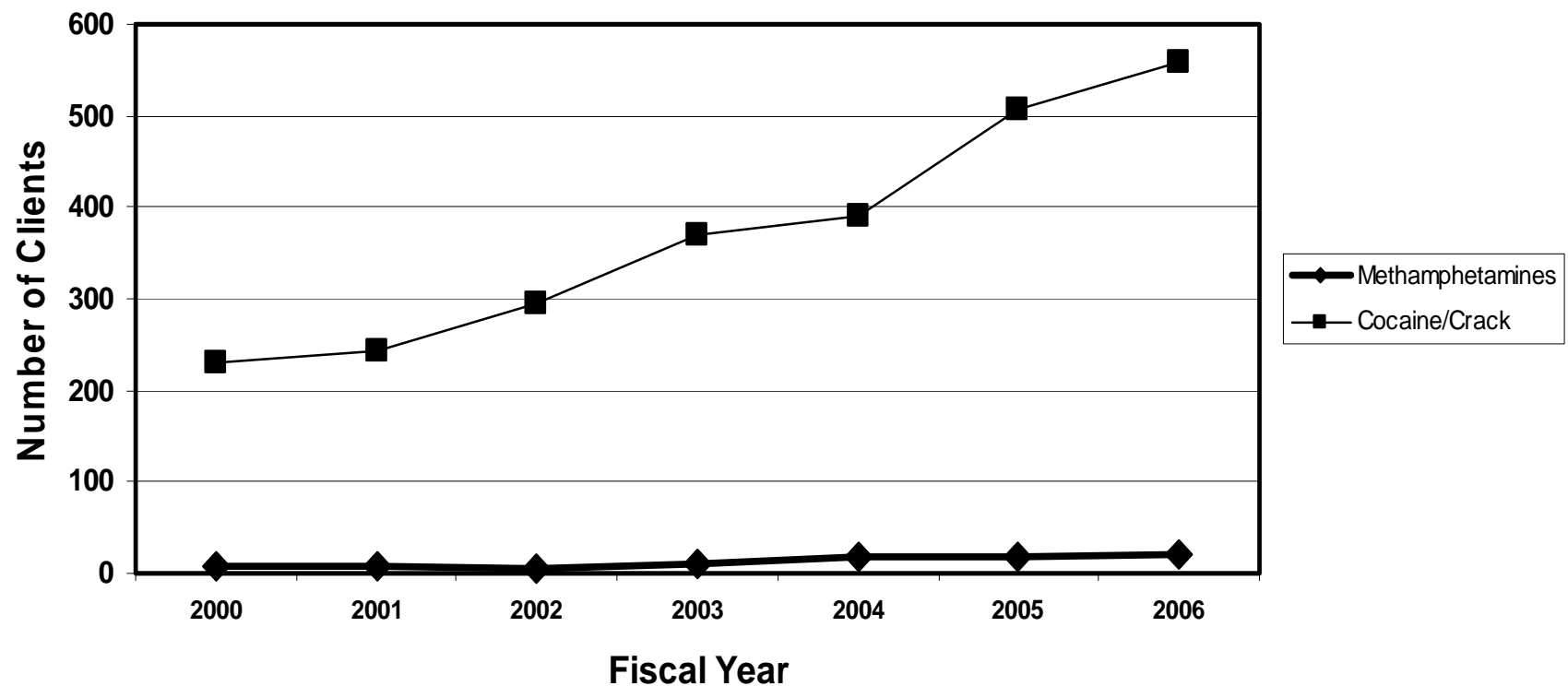
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Primary Substance of Abuse of Vermonters in Substance Abuse Treatment by Fiscal Year

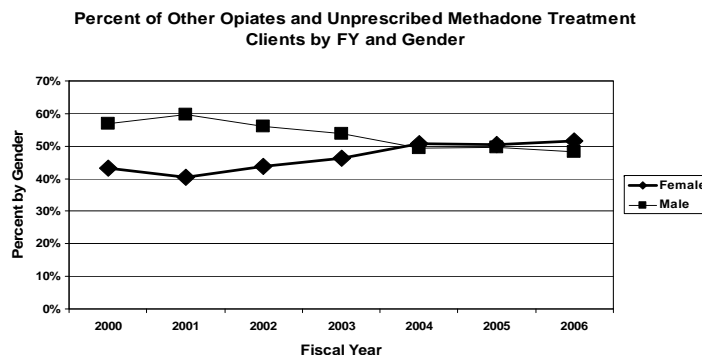
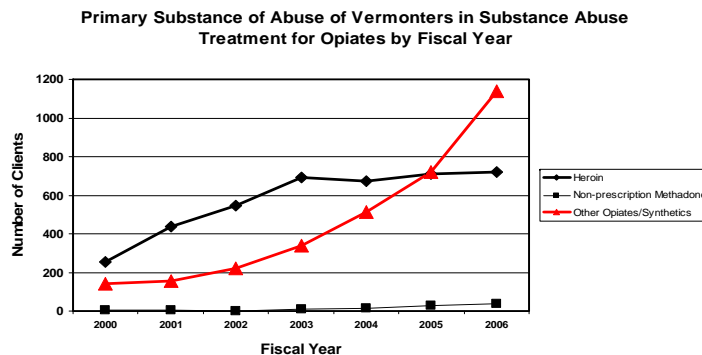


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Trends of Substances on the "Watch List" - Primary Substance of Abuse of Vermonters in Substance Abuse Treatment by Fiscal Year



Other Opiates are Now More Commonly Abused than Heroin



This graph underestimates other opiate use because many clients receiving buprenorphine do not enter the ADAP system; buprenorphine is prescribed by physicians and clients may not receive additional traditional treatment. Only 58% of buprenorphine clients receiving prescriptions through Medicaid also appear in the ADAP data system.

Assumptions For Treatment Need and Demand

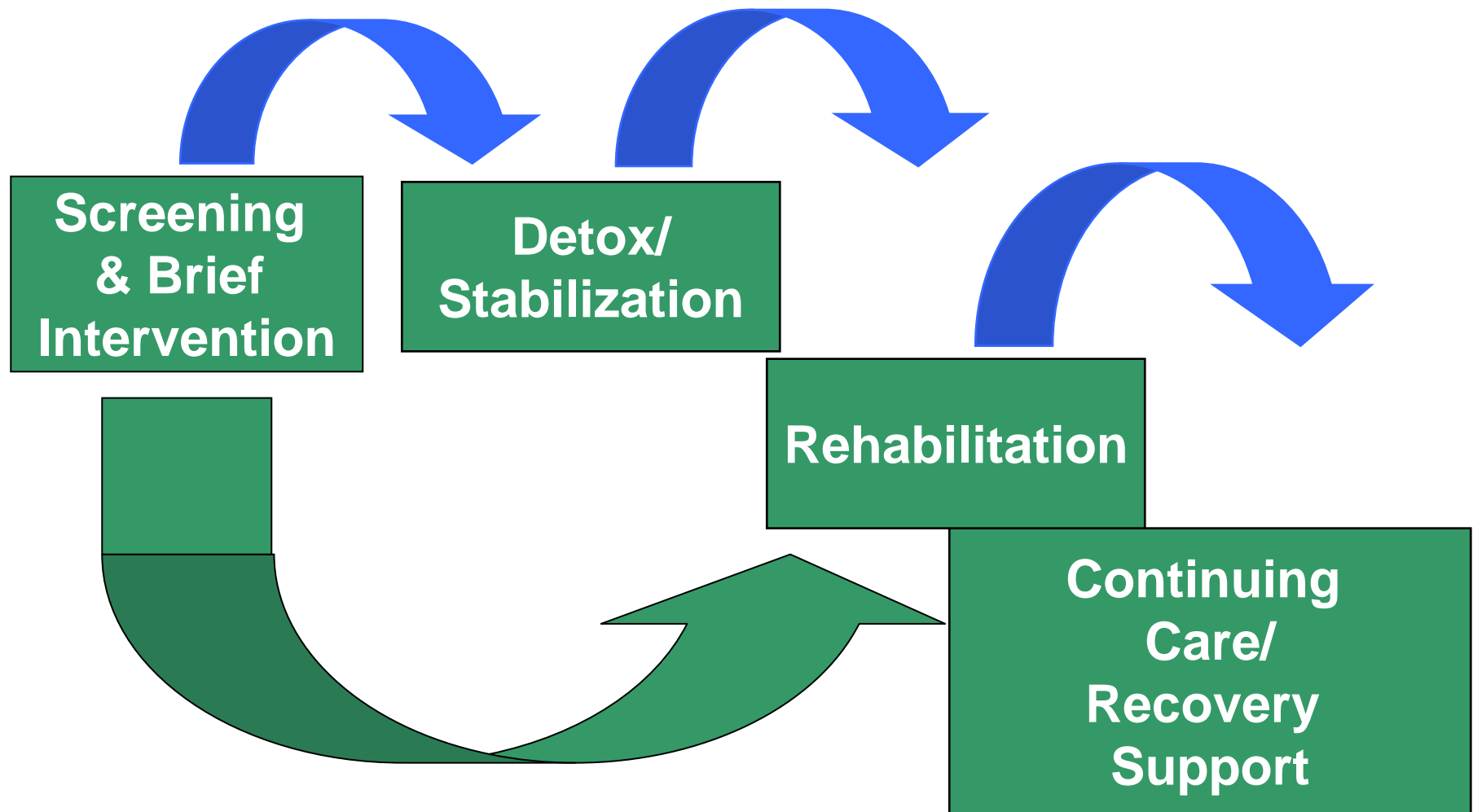
- 20% of those in need will seek treatment in any one year
- 100% of those **seeking** treatment need outpatient treatment
- 20% of adults and 10% of youth **seeking** treatment need residential treatment
- 30% of adults **seeking** treatment need medication assisted treatment

Determination of Need

Variables – For Each Adult and Adolescent Populations

- OAS Treatment Need Calculations
- Current Treatment Capacity
- ADAP \$\$ invested
- County Population

A Recovery-Oriented Continuum of Recovery Model



Stages of Treatment

Acute Care: Detoxification/Stabilization

Purposes:

- Remove toxins
- Physical/Emotional Stabilization
- Promote Problem Recognition
- Engage patient in treatment

Stages of Treatment

Rehabilitation

Purposes:

- Sustain stable abstinence
- Teach self-management skills
- Identify and reduce threats to progress
- Engage in continuing care

Stages of Treatment

Recovery Support and Continuing Care

Purposes:

- Monitor & Support Stability and Abstinence
- Encourage Self-Monitoring
- Intervene Rapidly Upon Threats to Relapse
- Engage in Continuing Care

Two Problems with Addiction Treatment

Treatment Infrastructure

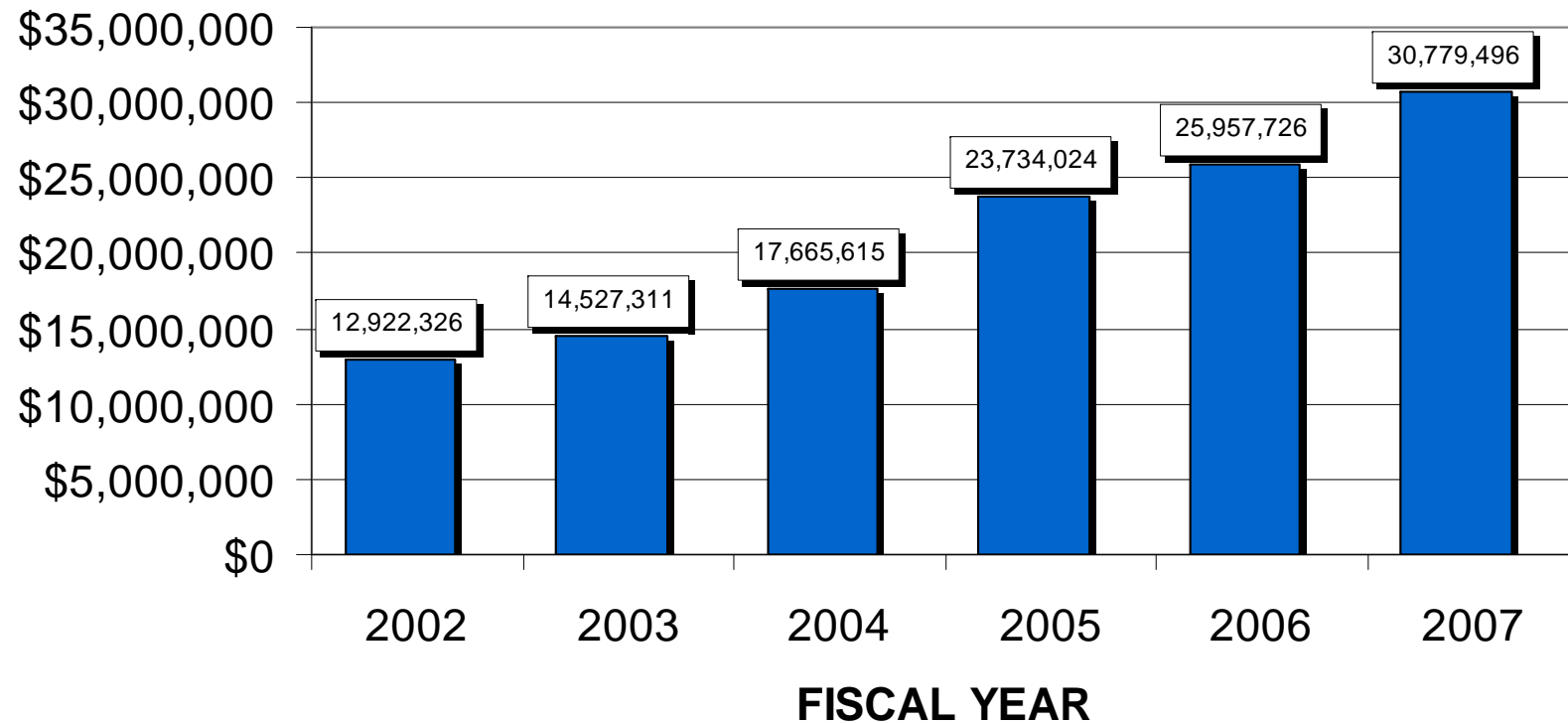
- *Expectations: can the infrastructure support them?*

Treatment Concepts

- *Acute vs. recovery-oriented continuum of care model*

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Division of Alcohol & Drug Abuse Programs Appropriation History



Incarcerated Women's Initiative

Opportunity to evaluate alternatives to incarceration for addicted women

Coordinated Office-Based Medication Assisted Treatment (COBMAT)

Opportunity to evaluate outcomes of treatment via
physician based model

Substance Abuse Workforce Development

- ADAP has established the position of Substance Abuse Workforce Development Coordinator
- Coordinator works closely with the statewide Substance Abuse Workforce Committee made up of representation from ADAP, MH, VISI, the preferred provider system, the certification board and staff from institutes of higher learning.
- Currently, the committee is focused on setting priority areas for our work together
- Many of our recommendations are based on a statewide survey done in 2004

Workforce Development Strategies

- Survey HR directors regarding turn over rates
- Salary comparison to other health care fields
- Consider loan forgiveness and scholarship programs
- Develop formalized internship programs that connect schools with providers

Workforce Development Strategies

- Best practice research informs our system changes
- Continue to work collaboratively with NEIAS and ATTC
- The NE Region is forming a consortium to efficiently support training of the GAIN assessment
- Continue to make core competency trainings available on a regular and cost effective basis.
- Explore options for streamlining the certification and licensing process
- Research the credentialing process for those who treat co-occurring disorders

Vermont's Integrated Services Initiative (VISI) Goals

- To increase the integration of the state health, mental health and substance use systems to better support co-occurring services..
- To build capacity among service providers to deliver comprehensive, integrated and continuous services for people with co-occurring conditions.
- To develop peer led, community based supports for people with co-occurring conditions.

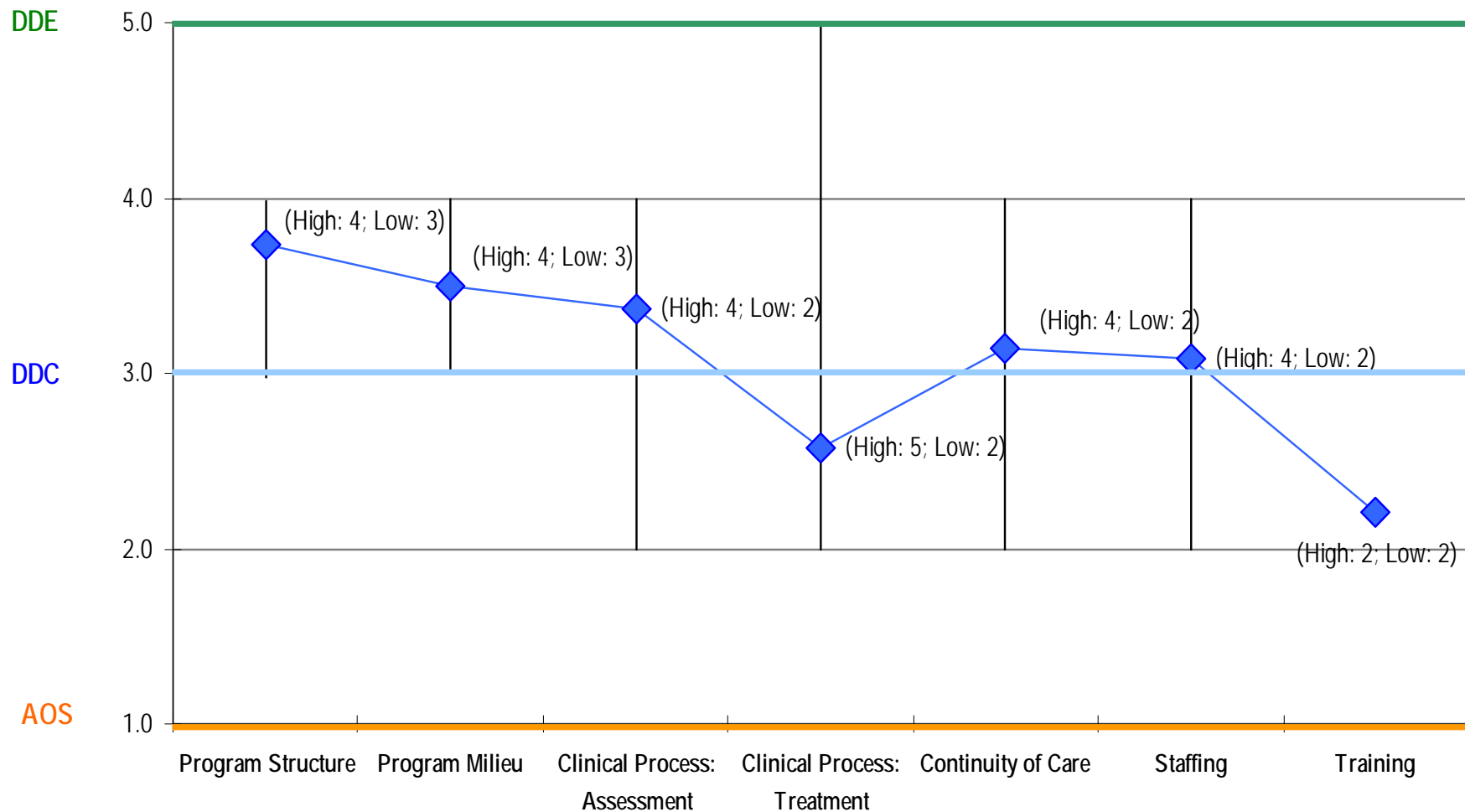
Objectives

Systems Integration

- Information review process for better reporting and data collection.
- Developing co-occurring policies and standards including clinical guidelines.
- Creating more understanding and flexibility within existing funding streams
- Implement universal screening and referral for co-occurring conditions at all points of entry within the publicly funded health care system.
- Advance co-occurring recovery supports and foster continuity of care between service providers and peer groups.

VISI Quality Improvement Process

DDCAT Summary Profile:
Aggregate (as of July 11, 2007): various



Objectives

Program Quality Improvement

- Support agencies to develop a workforce with specific COD expertise and competencies.
- Support for standardized, integrated assessments of both conditions.
- Support the development of a single comprehensive treatment plan for people with COD that includes stage wise assessment and treatment.
- Support the ongoing evaluation, coordination and management of medication regimes.
- Support the development of guidelines for emergencies including ongoing risk assessment and management of people with interacting symptoms.
- Training and support for discharge plans that equally focus on both mental health and substance use conditions.

Breakout Group Questions

1. How can treatment be more effective and accountable?
2. What specific steps can we take to improve and measure treatment outcomes?

Treatment and Recovery Support Service Principles

- No single treatment is appropriate for all individuals.
- Individualized treatment begins with a standardized evaluation/assessment suggesting an appropriate level of care.
- In order to be effective, treatment needs to be readily available for an adequate period of time.
- Counseling, behavioral therapies and medications may all be important elements of treatment for patients/clients?

Treatment and Recovery Support Service Principles (Continued)

- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.
- Treatment for addiction alone or co-occurring disorders should attend to multiple needs of the individual by offering integrated, wrap-around services.
- Recovery, as understood in the chronic care model exemplified by the Blueprint for Health, is a long-term process and may require multiple episodes of treatment.